

AL .563

Work Order ID 106667

September-11-13 11:18:00 AM

106667

Page 1

Item ID: 646.9910

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Struts

Stop

NS2

Start Date: 9/11/13

Start Qty: 20.00

20

Cust Item ID:

Required Date: 9/11/13

Req'd Qty: 20.00

20

Customer:

Reference:

Approvals: Process Plan: MLJDate: 13-9-13

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr | Revision Nbr | | | | | | | | |
| 646.9900 | N/C | 0.00 | | | | | | | |
| 110 | | | | | | | | | |
| *110* | | | | | | | | | |
| Doosan | Memo | 0.00 | | | | | | | |
| Doosan Lathe | *** CUT BLANK ON CHOP SAW AT 24.125" LONG*** | | | | | | | | |
| | TURN AS PER DWG | | | | | | | | |
| | DWG REV: <u>N/C</u> | | | | | | | | |
| | FOLIO REV: <u>N/A</u> | | | | | | | | |
| | DEBURR | | | | | | | | |
| 120 | QC2- Inspect parts off machine FAI/FAIB | 0.00 | | | | | | | |
| *120* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |

30 ♂

13-9-24

30 ♂

13-9-24

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | | AGAINST DEPARTMENT/PROCESS | | | | | |
|-------------------|---|---|--|---|------------------------------------|--|--------------------------------------|-------------|--------------|--------------|--|
| | | | Rework <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | |
| | | | Scrap <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | |
| | | | Use-as-is <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | |
| | | | Work Order Update <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | |
| Doc/Data | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | |
| Operator | | | | | | | | | | | |
| Material | | | | | | | | | | | |
| Setup | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Process | | | | | | | | | | | |
| Supplier | | | | | | | | | | | |
| Training | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | |
| Landing Gear | General | | | | | | | | | | |
| | Bending <input type="checkbox"/> | Bend <input type="checkbox"/> | Grain <input type="checkbox"/> | Ovalized <input type="checkbox"/> | | | | | | | |
| | Centre Not Concentric to O/S <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Hardware <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/> | | | | | | | |
| | Cracks <input type="checkbox"/> | Broken/Damaged <input type="checkbox"/> | Inspection Incomplete <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | | | | | | | |
| | Crushed/Crimped <input type="checkbox"/> | Burrs <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | | | | | | | |
| | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Maintenance <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | | | | | | | |
| | Heat Treat <input type="checkbox"/> | Countersink <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Part Moved <input type="checkbox"/> | | | | | | | |
| | Inspection Strip in Tube <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Misread <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | | | | | | | |
| | Ripples in Bend <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Offset <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | | | | | | | |
| | Torque Waves in Extrusion <input type="checkbox"/> | Drawing <input type="checkbox"/> | Out of Calibration <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| | Turning Sequence <input type="checkbox"/> | Finish <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| | Wave/Twist in Tube <input type="checkbox"/> | Folio <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | | | |

Work Order ID 106667

September-11-13 11:18:00 AM

106667

Page 2

Item ID: 646.9910

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Struts

Start Date: 9/11/13

Start Qty: 20.00

20

Cust Item ID:

Required Date: 9/11/13

Req'd Qty: 20.00

20

Customer:

Stop

NS2

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

170

QC8- Inspect parts - second check

0.00

ax 13/09/25

170

QC

Quality Control

180

180

Outsource4

Outsource process - Anodize

PURCHASING

Memo

Issue P/O to ATG : 21510

0.00

L 13/09/27 30

1- Black Anodize as per Dwg 646.9900

2- PRIME AS PER DWG, SEE NOTE #2

Certification of Conformity is required

190

190

Packaging

Packaging

Receive & Inspect for Damage & Mat'l Certs

0.00

Memo

Ensure certificate of conformity is attached

0.00

R 13/10/22 (30)

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | | AGAINST DEPARTMENT/PROCESS | | | | | | | | | | | | | | |
|-------------------|--|--|---|---|--|---------------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|---|--------------------------------------|---|-------------------------------------|-----------------------------------|
| | | | Rework <input type="checkbox"/> | Scrap <input type="checkbox"/> | Use-as-is <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Machining <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Finishing <input type="checkbox"/> | Composite <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Supplier <input type="checkbox"/> | Engineering <input type="checkbox"/> | Quality <input type="checkbox"/> | Other <input type="checkbox"/> |
| Part No. _____ | | | Work Order Update <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| NCR No. _____ | | | | | | | | | | | | | | | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | | | Initial Chief Eng | Action Description | | | Sign & Date | Verification | QC Inspector | | | | | | | |
| Doc/Data | | | | | | | | | | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | | | | | | | | | | |
| Operator | | | | | | | | | | | | | | | | | | | | |
| Material | | | | | | | | | | | | | | | | | | | | |
| Setup | | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | | |
| Process | | | | | | | | | | | | | | | | | | | | |
| Supplier | | | | | | | | | | | | | | | | | | | | |
| Training | | | | | | | | | | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | | | | | | | | | |
| Landing Gear | General | | | | General | | | | General | | | | General | | | | | | | |
| | Bending <input type="checkbox"/> | Bend <input type="checkbox"/> | Grain <input type="checkbox"/> | Ovalized <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/> | | | | | | | | | | | | | | | |
| | Centre Not Concentric to O/S <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Hardware <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | | | | | | | | | | | | | | | |
| | Cracks <input type="checkbox"/> | Broken/Damaged <input type="checkbox"/> | Inspection Incomplete <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Weld <input type="checkbox"/> | | | | | | | | | | | | | | | |
| | Crushed/Crimped <input type="checkbox"/> | Burrs <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | | | | | | | | | | | | | | | |
| | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Maintenance <input type="checkbox"/> | Part Moved <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| | Heat Treat <input type="checkbox"/> | Countersink <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| | Inspection Strip in Tube <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Misread <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
| | Ripples in Bend <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Offset <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| | Torque Waves in Extrusion <input type="checkbox"/> | Drawing <input type="checkbox"/> | Out of Calibration <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| | Turning Sequence <input type="checkbox"/> | Finish <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| | Wave/Twist in Tube <input type="checkbox"/> | Folio <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | | | | | | | | | | | | | | | | | |

Work Order ID 106667

September-11-13 11:18:00 AM

106667

Page 3

Item ID: 646.9910

Accept

N900040100

Setup

Start ***NS1***

Revision ID:

Stop

NS2

Item Name: Struts

Start Date: 9/11/13 Start Qty: 20.00

20

Cust Item ID:

Required Date: 9/11/13 Req'd Qty: 20.00

20

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

200

QC5- Inspect part completeness to step on W/O

0.00

Shp

B10 29

200

QC

Quality Control

210

Identify as per dwg & Stock Location: ST420

0.00

210

Packaging

Packaging

Memo

0.00

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

30

DAS

33

9-89

13-10-25

220

QC21- Final Inspection - Work Order Release

0.00

220

QC

Quality Control

Memo

0.00

Rm 13/10/29 / JJ

MF 13-10-28

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | | AGAINST DEPARTMENT/PROCESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|--|------------------------------------|---|---|---------------------------------------|--|---------------------------------------|---|---|---|---|---------------------------------------|---------------------------------------|---------------------------------------|--|---|---|---|---|--|-------------------------------------|------------------------------------|--|---|--|--------------------------------------|--|--|---|--|--|--|---|--|----------------------------------|--|-----------------------------------|
| | | | Rework <input type="checkbox"/> | Scrap <input type="checkbox"/> | Use-as-is <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Machining <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Finishing <input type="checkbox"/> | Composite <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Supplier <input type="checkbox"/> | Engineering <input type="checkbox"/> | Quality <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Part No. _____ | | | Work Order Update <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NCR No. _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | | | Initial Chief Eng | Action Description | | | Sign & Date | Verification | QC Inspector | | | | | | | | | | | | | | | | | | | | | | | | |
| Doc/Data | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Material | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Setup | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Process | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supplier | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Training | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Landing Gear | | | | General | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bending <input type="checkbox"/> | Centre Not Concentric to O/S <input type="checkbox"/> | Cracks <input type="checkbox"/> | Crushed/Crimped <input type="checkbox"/> | Bend <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Broken/Damaged <input type="checkbox"/> | Burrs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Countersink <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Drawing <input type="checkbox"/> | Finish <input type="checkbox"/> | Folio <input type="checkbox"/> | Grain <input type="checkbox"/> | Hardware <input type="checkbox"/> | Inspection Incomplete <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Maintenance <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Misread <input type="checkbox"/> | Offset <input type="checkbox"/> | Out of Calibration <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Ovalized <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | Weld <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Other <input type="checkbox"/> |

Picklist Print

September-11-13 11:17:59 AM

Page 1 / 1

Work Order ID: 106667

Parent Item: 646.9910

Start Date: 9/11/13

Required Date: 9/11/13

Parent Item Name: Struts

Start Qty: 20.00

Required Qty: 20.00

Comments: IPP REV:A NEW ISSUE 12-09-19 JLM VERIFIED BY:DD

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

| | | | | | | | | | | | | | |
|---|-----------|----|--|--|--|---|--|----------|--|-----------|--|------------|--|
| M6061T6R0.563 6061-T6 ROUND BAR .563 | Purchased | No | | | | f | | 376.3900 | | 44.210526 | | SD 13-9-24 | |
|---|-----------|----|--|--|--|---|--|----------|--|-----------|--|------------|--|

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| MAT012 | 376.39 | |
| 123218 | 5 | |
| 123294 | 25.6 | |
| 123483 | 29.4 | |
| 124029 | 16.39 | |
| m126852 | 300 | |

60.6 ft

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____ ✓

| Work Order: _____ | | | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | |
|------------------------------|------|----------------|-----|---|--|--|--|---|--------------|--|--|
| | | | | Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> | Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> | Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> | Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> | | | |
| Part No. _____ | | | | | | | | | | | |
| NCR No. _____ | | | | | | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | |
| Operator | | | | | | | | | | | |
| Material | | | | | | | | | | | |
| Setup | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Process | | | | | | | | | | | |
| Supplier | | | | | | | | | | | |
| Training | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | |
| Landing Gear | | | | General | | | | | | | |
| Bending | | Bend | | Grain | | Ovalized | | Pressure/Forced | | | |
| Centre Not Concentric to O/S | | BOM/Route | | Hardware | | Over/Under tolerance | | Temperature/Cure | | | |
| Cracks | | Broken/Damaged | | Inspection Incomplete | | Part Incorrect | | Weld | | | |
| Crushed/Crimped | | Burrs | | Instructions Incomplete/Unclear | | Part Lost/Missing | | Wrong Stock Pulled | | | |
| Cuffs | | Contamination | | Maintenance | | Part Moved | | | | | |
| Heat Treat | | Countersink | | Mislabeled | | Positioned Wrong | | | | | |
| Inspection Strip in Tube | | Cut Too Short | | Misread | | Power Loss/Surge | | | | | |
| Ripples in Bend | | Drill Holes | | Offset | | | | | | | |
| Torque Waves in Extrusion | | Drawing | | Out of Calibration | | | | | | | |
| Turning Sequence | | Finish | | Out of Sequence | | | | | | | |
| Wave/Twist in Tube | | Folio | | Outside Dimensions | | | | | | | |

| | | |
|--------------------|--------------|-------------|
| DART AEROSPACE LTD | Work Order: | 106667 |
| Description: | Part Number: | |
| Inspection Dwg: | Rev: | Page 1 of 1 |

FIRST ARTICLE INSPECTION CHECKLIST

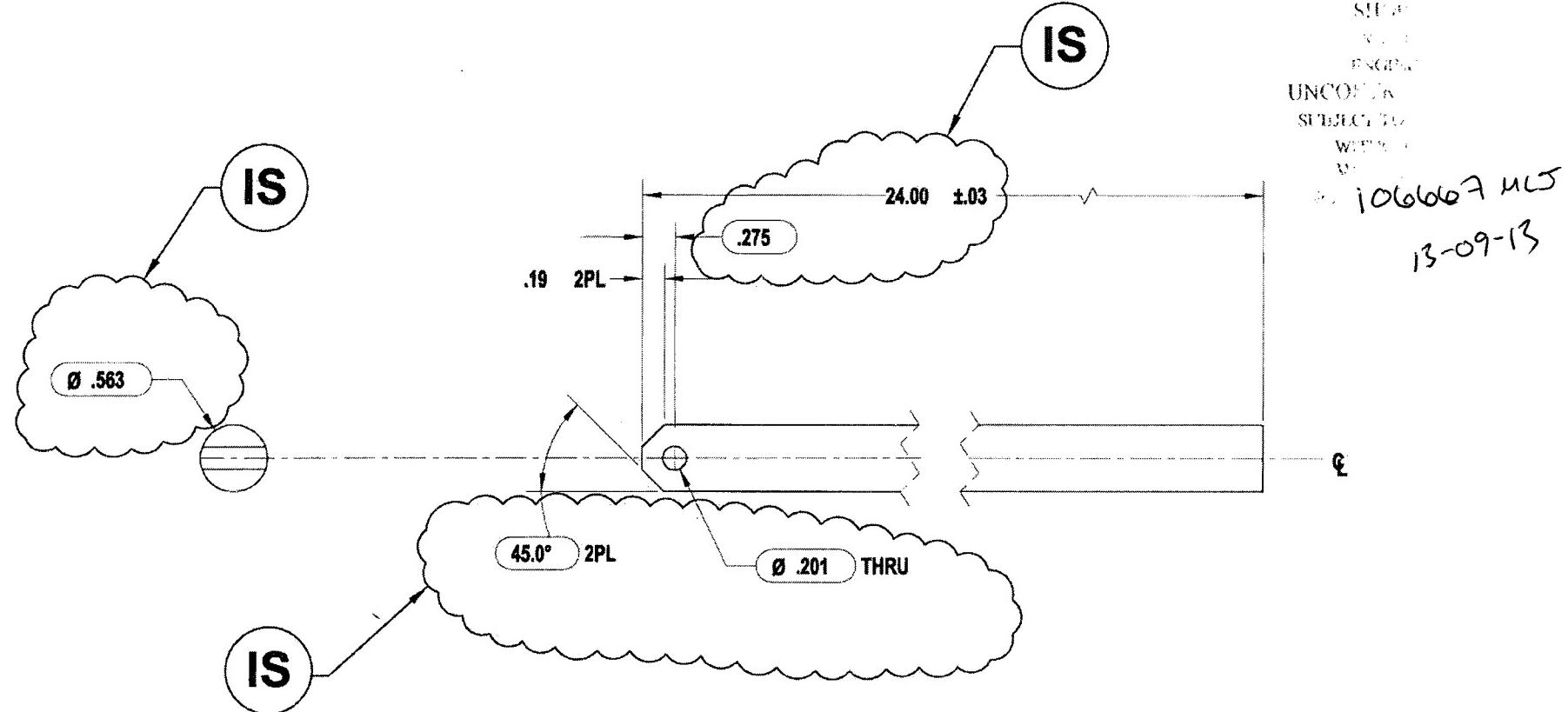
| | | | | | |
|--------------|-----------|-------------|-----------|-----------------------|--|
| Measured by: | <u>SJ</u> | Audited by: | <u>CK</u> | Preliminary Approval: | |
| Date: | 3-5-24 | Date: | 13/09/25 | Date: | |

| Rev | Date | Change | Revised by | Approved |
|-----|----------|----------------------------|------------|----------|
| E | 10.04.14 | Added preliminary approval | KJ | |

H:\FORMS\Quality Assurance\approved QA\FAI revE

10.04.15

| | | | | | | | |
|----------------------------|--|---|--------------------------|----------------|-----------------|---|---------------|
| APICAL INDUSTRIES, INC. | ENGINEERING CHANGE NOTICE NO. 03728 | | | | | SHEET 1 OF 1 | |
| | DWG NO. 646.9900 | REV: N/C | PREPARED BY B. PETERS | DATE: 12/05/12 | | EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC. | |
| | DWG TITLE: STRUT | | | | | | |
| | APPROVED BY: | ENGR: <i>J. Brum</i> | MFG: <i>Dave Barber</i> | QC: <i>SP</i> | EFF: NEXT ORDER | | |
| | TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE | REASON: REVISED LENGTH TOLERANCE AND CRITICAL DIMENSIONS. | | | | | ECR: D-12-014 |
| | | | | | | | |



SHEET 1 IS:

| | | | |
|---------------------|---|---|--|
| DOCUMENTS EFFECTED: | <input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> ICA <input type="checkbox"/> BOM | CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR | DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|---------------------|---|---|--|

106667

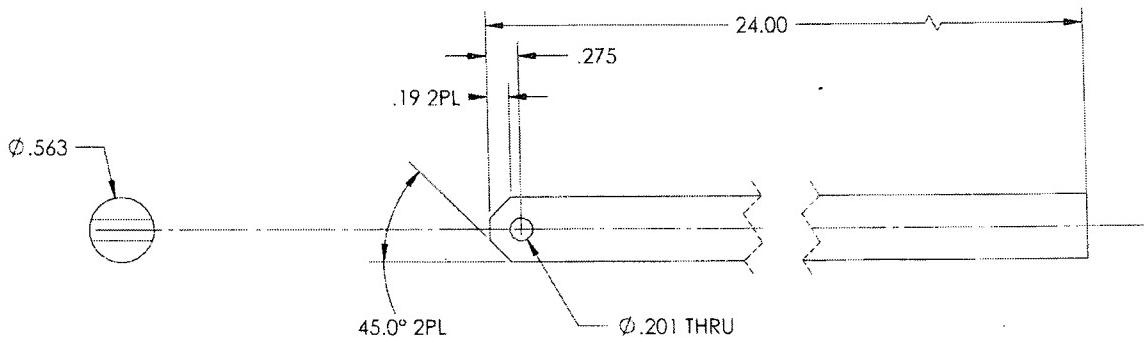
THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF
APICAL INDUSTRIES AND REPRODUCTION IN PART OR WHOLE WITHOUT
THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

| REV | DESCRIPTION | DATE | PERIODS | |
|-----|-----------------|----------|----------------------|-------------|
| | | | LAST FROZEN/PREV REV | NEXT FROZEN |
| 00C | INITIAL RELEASE | 04/27/00 | 04/27/00 | 04/27/00 |

NOTES:

- 1 MATERIAL: 6061-T6 ALUMINUM BAR IAW AMS-QQ-A-250/11
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK
CARDINAL 4860-50 PRETREATMENT PRIMER
PRIME IAW MIL-P-23377J TYPE I CLASS N
- 3. DEBURR AND BREAK ALL SHARP EDGES
- 4. IDENTIFY IAW MPP-120

646.9910



| QTY | PART # | DESCRIPTION | STRUT | |
|-----|----------|--|-------|-------|
| | | | MATL | SPEC. |
| 1 | 646.9910 | STRUT | | |
| 1 | 646.9500 | STRUCTURE | | |
| | | APICAL INDUSTRIES | | |
| | | 2608 TEMPLE HEIGHTS DR | | |
| | | OCEANSIDE, CA 92056-3612 (760)724-5300 | | |
| | | STRUT | | |
| | | 646.9900 | | |
| | | SCALE NONE | | |
| | | 1 SHEET 1 OF 1 | | |



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62694

Date: 21-Oct-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

| Terms | Ship Via |
|----------|---|
| Quantity | Description |
| 1 lot | Part: ASST 2 PCS 646.2910 (48.00) 4 PCS 646.3110 (10.65) 6 PCS 646.3811 (6.55) 35 PCS 646.9910 (13.40) <i>30</i> 32 PCS 647.2010 (11.90) 2 PCS D4821-1 (50.25) 7 PCS D4823-1 (11.15) 2 PCS D4824-1 (13.40) HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N PRICE IS PER PIECE Job: 20130656 PO: 21510 Line: |
| | Certificate of Conformance A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order. ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY DATE: <u>21/10/13</u> CERTIFIED SIGNATURE: <u>M</u> RECEIVER SIGNATURE: _____ |